

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004865	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER KING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 OAK AVENUE EVANSTON, IL 60201
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Shelter Care Licensure	S 000		
S9999	Final Observations Statement of Licensure Violations 330.1510 a) g) Section 330.1510 Medication Policies a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by g) All medications having an expiration date that has passed, and all medications of residents who have died shall be disposed of in accordance with the written policies and procedures established by the facility in accordance with Section 330.1510. Medications shall be transferred with a resident, upon order of the resident's physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Disposition shall be noted in the resident's record. This policy is not met as evidence by; Based on observation, interview, and record	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004865	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/05/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER KING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 OAK AVENUE EVANSTON, IL 60201
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>review the facility failed to keep control medications under a double lock and disposed of controlled narcotics for two of four residents (R3, R4) reviewed for medication administration.</p> <p>Findings include:</p> <p>During general tour of the facility on 4/3/17 with E2 RN (Registered Nurse) the following medications are noted in an unlocked refrigerator in an unlocked medication room; R3's Dilaudid 30ml (Milliliter) 25mg Milligram/ml, Lorazepam 30mg (2mg/ml), Morphine 30ml (2mg/ml), R4's Morphine Sulfate 30ml, and Lorazepam 30ml.</p> <p>E2 states, "R4 is gone already, we have to return the medications back to Pharmacy, R4 left last month. Facility face sheet indicate that R4 was admitted to an associated facility on 3/10/17.</p> <p>On 4/5/2017 E1(Administrator) states, " The narcotics should have been destroyed for the resident that was transferred, and I have an in service that I did with the nurses. The two nurses disposed of the controlled medications and signed the narcotic record. Facility Narcotic record indicate that R4's narcotics was disposed of on 4/3/17. R3's narcotic's remain in the refrigerator that now has a lock. E2 on 4/5/17 at 8:15am states, We use to have the refrigerators with the lock already on them, but E1 had the maintenance guy put this one on."</p> <p>Facility medication storage policy revised 12/1/15 indicate controlled medications are immediately placed under double lock by the nurse.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004865	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER KING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 OAK AVENUE EVANSTON, IL 60201
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p style="text-align: center;">(B)</p> <p>330.3130 c) d) e)</p> <p>Section 330.3130 Kitchen</p> <p>Every building shall meet the following requirements:</p> <p>c) Provide a kitchen with institutional type equipment for convenience in operation, for healthful working conditions, for good sanitation, and for control of heat, noise, and odors.</p> <p>d) Equipment shall be in compliance with the adopted, Basic or Special Criteria of the National Sanitation Foundation Testing Laboratory, or equivalent.</p> <p>e) Provide appropriate equipment for the preparation and serving of meals, for the refrigeration of perishable foods, and for washing and sanitizing dishes and utensils.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to have a dish machine that sanitize dishware to destroy microorganism and have open food label according to the facility's policy</p> <p>Findings include</p> <p>On 4/3/17 at 10:30am, during the initial tour, accompanied by Z1 (Executive Chef) , freezer</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004865	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER KING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 OAK AVENUE EVANSTON, IL 60201
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>#5 was observed with the following items to be opened, but were not labeled with open dates.</p> <ul style="list-style-type: none"> - one small bag of onion rings - one half full bag of meat balls - one half slab of riblets - one large bag of sausage links <p>Review of the facility's policy and procedure for storage of opened food, state 'Once opened unused portions should be labeled with expiration dates in accordance with the Food Storage Chart'.</p> <p>The facility's dish machine for sanitization, which should register the test strip black, once it reaches the temperature of 180 degrees Fahrenheit, failed to change the color of the test strip, indicating sanitization of the dishes.</p> <p>Z1 indicated that the facility will have the machine checked. On 4/5/17, the facility presented a test strip that was said to have been checked by the service of the dish machines. The test strip was registered at 160 degrees Fahrenheit. But the facility's policy indicates that the "Single -tank, conveyor dual-temperature machine's final rinse temperature should register 180 to 194 degrees Fahrenheit.</p> <p>(AW)</p>	S9999		
-------	---	-------	--	--